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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Equatorial Guinea

Proposed UNFPA assistance: $2.5 million from UNFPA regular resources

Programme period: 5 years (1998-2002)

Cycle of assistance: Third

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	*Total*
Reproductive health	1.7	1.7
Population & development strategies	.5	.5
Advocacy	.2	.2
Programme coordination & assistance	.1	.1
Total	2.5	2.5

EQUATORIAL GUINEA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	58.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	20.0	≥55
Access to basic health services (%)[3]	na	≥60
Infant mortality rate (/1000)[4]	117	≤50
Maternal mortality rate (/100,000)[5]	430	≤100
Gross female enrolment rate at primary level (%)[6]	74.2	≥75
Adult female literacy rate(%)[7]	60.8	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, 1996, Education for All: Achieving the Goal: Statistical Document.*
Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 1995	400
Population in year 2000 (000)	452
Sex ratio (/100 females)	97.0
Per cent urban	43
Age distribution (%)	
Ages 0-14	43.2
Youth (15-24)	18.2
Ages 60+	6.2
Percentage of women aged 15-49	44.9
Median age (years)	18.5
Population density (/sq. km.)	14
Annual population growth rate (%)	2.46
Urban	5.13
Rural	.26
Crude birth rate (/1000)	40.8
Crude death rate (/1000)	16.2
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	5.51
Life expectancy at birth (years)	
Males	48.4
Females	51.6
Both sexes	50.0
GNP per capita (U.S. dollars, 1994)	430

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1996 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1996 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1998-2002 to assist the Government of Equatorial Guinea in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $2.5 million from UNFPA regular resources, to the extent such resources are available. This will be UNFPA's third cycle of assistance to Equatorial Guinea.

2. The proposed programme was prepared in close collaboration with the Government, non-governmental organizations (NGOs) and with other donors active in the population and development fields in Equatorial Guinea. It takes into account the Government's development priorities, the conclusions of a Programme Review and Strategy Development (PRSD) exercise that was finalized in July 1997, the lessons learned from past UNFPA assistance and input from the Fund's United Nations Development Group (UNDG) partners and other international and bilateral donors.

3. The overall goal of the Government of Equatorial Guinea as stated in its economic development strategy for 1997-2001 is to improve the standard of living of the population through the efficient provision of public services, especially health, education and potable water, and through a poverty alleviation programme. The Government's specific objectives include: (a) strengthening the primary health-care system; (b) strengthening the institutional capacity to manage health-care programmes; (c) reducing overall illiteracy from 37 per cent to 27 per cent and among women from 60 per cent to 30 per cent by the year 2000; and (d) promoting, through education and information programmes, behaviours, attitudes and practices that will improve the status and condition of women in the country.

4. UNFPA will assist the Government in attaining these goals in the areas of reproductive health and population. The purposes of the proposed UNFPA programme are: (a) to increase utilization of quality, gender-sensitive, reproductive health services in the main cities with the aim of reaching almost half of the population, with a particular attention to adolescent reproductive health needs; and (b) to promote awareness on population and development interrelationships and on the status of women through information, education, and communication (IEC) and advocacy activities targeting policy and decision makers and opinion and religious leaders and to help the Government in its efforts to revise the laws governing the family.

5. The strategies that the Fund will use to achieve these objectives are: (a) strengthening the technical capacity of the Ministry of Planning and Economic Development, the Ministry of Health and Social Welfare and the Ministry of Social Affairs and Women's Promotion (MINASCOM) as well as of selected national NGOs that will be involved in implementing the programme; (b) strengthening gender-sensitive and adolescent-friendly reproductive health services; and (c) reinforcing coordination among United Nations agencies and complementarity of activities with bilateral assistance agencies.

6. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

7. Equatorial Guinea, the only Spanish-speaking country in sub-Saharan Africa, consists of a mainland region and a group of islands. With an annual growth rate of 2.5 per cent, the 1994 population of 406,151 will double by the year 2022. The very young population is unequally distributed, with almost 80 per cent of the population living on the mainland. At present, 62.2 per cent of the population lives in rural areas; however, the urban areas are growing very quickly due to an increasing rural exodus. Even though exploitation of the country's petroleum resources has generated significant revenue in the last few years, it is estimated that 80 per cent of the population lives below the poverty level and that 50 per cent lives in absolute poverty.

8. In 1996, the Ministry of Health and Social Welfare elaborated a national health policy. The five-year plan for maternal and child health (MCH), part of this policy and the only framework for reproductive health activities, does not take into account the new data available from the 1994 population census nor the recommendations from the ICPD. Only 0.34 per cent of the national budget is earmarked for health activities, and 80 per cent of the health sector is supported by external assistance.

9. It is estimated that 60 per cent of the population lives within an hour's walk of a health facility, but there is an under-utilization of health services due to the lack of equipment, drugs and trained personnel. MCH services are provided in 15 per cent of the health facilities while family planning (FP) services are only provided in the six UNFPA-supported health centres. The country's high maternal mortality rate is due to the inadequate handling of obstetric emergencies, to frequent pregnancies and to a very low use of modern contraceptive methods (0.7 per cent at national level and 2.9 per cent in urban areas). Men and adolescents are left out of family planning activities: less than 1 per cent of family planning acceptors in 1996 were adolescents. The only school for training health professionals is the national nurses school, which does not function effectively due to lack of qualified teachers, financial resources and equipment. In addition, the MCH curriculum is outdated and does not take into account the reproductive health concept.

10. Among adolescent girls aged 15-19 years, 31.2 per cent have already had one child. Reports from the largest testing laboratory in Malabo in 1996 indicated that adolescents and youth accounted for 80 per cent of the total number of people infected with sexually transmitted diseases (STDs). Even though the prevalence of HIV/AIDS (3 per cent at national level) is not high compared with other countries of the region, it is becoming an increasing problem: the prevalence almost doubled in four years.

11. National communication infrastructures and modern methods of information dissemination are not well developed in Equatorial Guinea. However, the networks of village councils of community leaders and of development workers in the rural areas have proven to be important channels for the dissemination of population and reproductive health IEC messages.

12. Equatorial Guinea signed the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1984. However, traditional practices, like the dowry and the persistence of customary laws continue to discriminate against women. Primary school enrolment is almost the same for girls (84.3 per cent) and boys (84.8 per cent), but given the high drop-out rate in secondary schools, 60 per cent of females aged 15 years and older are illiterate as compared to 11 per cent of males. An estimated 25 per cent of households (48.5 per cent in the rural areas) are headed by women, almost a fourth of whom are single. The women of Equatorial Guinea, who contribute 37.4 per cent of the country's gross national product (GNP), if oil is excluded, and 90 per cent of the agricultural production receive in return only 28 per cent of the national revenue.

Previous UNFPA assistance

13. The approved amount for the 1993-1997 country programme was $3.35 million, including $700,000 from multi-bilateral sources. Following the recommendations of the mid-term review of December 1996, a supplementary budget of $600,000 was allocated. No multi-bilateral resources could be mobilized and UNFPA had to fund the entire programme. By December 1997, total expenditures reached $3.95 million distributed as follows: MCH/FP, 30 per cent; IEC, 28 per cent; data collection, 24 per cent; women, population and development, 9.5 per cent; and multisectoral activities, 8.5 per cent.

14. UNFPA assistance was instrumental in building national capacity in MCH/FP service delivery, in data collection and analysis and in the development and dissemination of IEC materials on MCH/FP. The IEC unit established with UNFPA funding is practically the only structure that develops and implements activities in social communication and that coordinates with the Ministry of Health and Social Welfare, MINASCOM and NGOs.

15. Programme implementation was constrained by the lack of coordination and the high turnover of the few qualified personnel in the Ministry of Health and Social Welfare. Implementation of the family planning programme suffered from the insufficient knowledge by the population at large of the existence of family planning services. Even if there is an increasing awareness of population issues among decision and policy makers, the Government has not sufficiently taken into account demographic variables in its development plans. MINASCOM, instead of playing an advisory role for the other ministries with regard to the integration of women into the development process, has tried to execute all the projects involving women. As yet, there is no national policy for promoting the advancement of women. The focal points that MINASCOM appointed inside the various ministries do not have the training nor the position to give directions

on the implementation and monitoring of projects aimed at improving the socio-economic status of women.

16. The main lessons learned in the previous programmes are the need to involve nationals in the design and formulation of programme and projects, which has proven to be a major factor in their success. In order to increase the use of reproductive health services and modern contraceptive methods, IEC campaigns must be linked with the provision of reproductive health services. There is a need to enrich the quantitative data with qualitative research in order to better understand the characteristics of the population. The institutional framework needs to be clearly defined prior to the initiation of projects and subprogrammes, to make sure that the nationals trained by UNFPA are operating within their area of expertise and that programmes are sustainable. Improved coordination and flow of information among government institutions and between them and donors will improve project execution.

Other external assistance

17. The few multilateral and bilateral donors involved in the funding of population activities mainly target the health sector. A coordination committee was created in 1996 in the Ministry of Health and Social Welfare but is not yet entirely functional. UNICEF supports the national MCH programme through training of traditional birth attendants (TBAs). The new UNICEF programme (to begin in 1999) will continue to support child survival activities plus advocacy for the rights of the child and the reestablishment of the health information system. WHO is providing technical assistance to the Ministry of Health and Social Welfare in the development of health strategies and to the MCH and HIV/AIDS-prevention programmes. The European Union is supporting reproductive health activities on the mainland and has funded a study to evaluate the prevalence of STDs among adolescents going to school in Bata. ABIFAGE, the national affiliate of the International Planned Parenthood Federation (IPPF), does not yet provide any services but is planning to train its staff and organize sensitization campaigns during the next three years. Spain, which was until 1995 the leading agency in terms of providing external aid, is now providing limited support to NGOs working in the area of primary health care, including MCH. UNDP's focus is on the fight against poverty, but it is also working to strengthen the coordination mechanisms among donors and the Government. An African Development Bank poverty alleviation project of around $7.3 million will start soon with a focus on income-generating activities for women.

Proposed programme

18. UNFPA's comparative advantage in Equatorial Guinea is that the Fund is the only agency that provides comprehensive reproductive health, including family planning, services as well as comprehensive assistance in terms of population and development strategies. The proposed programme will focus on increasing reproductive health services in the main cities where health personnel are available in sufficient numbers to make an impact. The rural areas will be reached by reproductive health IEC activities and by a community-based distribution (CBD) system for

contraceptives. Interventions in the population and development strategies and advocacy subprogrammes are designed to reinforce the activities in the area of reproductive health and will be implemented at the national level. The results from the various studies undertaken under the programme as well as the IEC materials that will be developed will be used in all three subprogrammes to increase awareness and knowledge among policy and decision makers, opinion and religious leaders and the general population about population issues in general and about the empowerment of women and issues concerning young people, in particular.

19. Reproductive health. The purpose of the reproductive health subprogramme is to help increase the availability and utilization of quality reproductive health services in Equatorial Guinea. This will support the Government's aim of increasing the use of modern contraceptive methods to 5 per cent in 2002 in the main cities. The major output of the subprogramme will be the provision of gender-sensitive quality reproductive health services in 24 health facilities in the major urban centres and the opening of two centres for adolescents and greater availability of family planning services in the rural areas. This will be achieved by: (a) training and refresher courses and supervision for Ministry of Health and Social Welfare personnel at the central and local levels in all reproductive health sectors and introduction of a reproductive health curriculum in the basic training of nurses; (b) training of the personnel of health centres and youth NGOs in IEC techniques; (c) organization of study tours for government and NGO personnel; (d) training of TBAs from Bioko island as CBD agents in rural areas; (e) carrying out of operational research on social marketing of condoms and spermicides in urban areas; and (f) equipment and renovation of reproductive health centres and of referral hospitals and acquisition of contraceptives and drugs for treatment of STDs and complications from abortions.

20. In order to increase the use of reproductive health services, the subprogramme will work to create greater awareness of the existence of the reproductive health services. Activities to achieve this will include: (a) carrying out a knowledge, attitudes and practices (KAP) survey on reproductive health among the population, with a particular attention to young people; (b) developing reproductive health messages adapted to different target groups; (c) disseminating reproductive health messages through existing communication channels, including health centres; (d) complementing training being provided by the other donors to TBAs so as to give them information on family planning and sexual health; and (e) training some key individuals working in the income-generating activities supported by the African Development Bank so that they can serve as reproductive health counselors.

21. Of the $1.7 million in funds allocated to the reproductive health subprogramme, $200,000 will go to research and studies; $500,000 to procurement of drugs, equipment and contraceptives; $670,000 for training and supervision; and $330,000 to IEC activities.

22. Population and development strategies. The purposes of the subprogramme in the area of population and development strategies are to contribute to the commitment of policy and decision makers and opinion and religious leaders to population and development issues and to contribute to

the development of a policy for the integration of women into the development process. To achieve a greater awareness of policy and decision makers, opinion and religious leaders of population, gender and development issues, the subprogramme will carry out such activities as: (a) compilation, analysis and publication of data collected by different ministries for use in monitoring the programme; (b) creation of parliamentarian groups on population and development and, more specifically, on issues concerning women and young people; (c) organization of workshops and seminars for decision and policy makers on gender, population and development issues; and (d) organization of study tours in countries of the subregion for officials of the Ministry of Health and Social Welfare and the Ministry of Planning and Economic Development and for parliamentarians.

23. The subprogramme will also support the development of the capacity of MINASCOM to design and implement gender and development programmes through: (a) conducting a study on the reasons for the high drop-out levels among girls and a sociocultural study on the family in Equatorial Guinea; (b) gender training of the focal points from different ministries; (c) development and implementation of a training plan in programme management and policy design for MINASCOM personnel; (d) support for MINASCOM in organizing coordination meetings with different line ministries and different multi- and bilateral agencies working in the field; and (e) introduction of family life education and reproductive health components in the curriculum of functional literacy programmes.

24. Of the $500,000 allocated to the population and development strategies subprogramme, $140,000 will be for IEC activities, $230,000 for policy development, including gender, and $130,000 for data collection and analysis.

25. Advocacy. The purpose of the advocacy subprogramme is to contribute to the revision and adoption of family laws and, more specifically, laws protective of the rights of women and young people, particularly their reproductive rights, so as to increase the use of reproductive health services. The output will be increased knowledge of gender and youth issues on the part of the members of the parliamentary codification committee. This will be realized through: (a) inventory and analysis of population-related laws to identify contradictions among them and to see to what extent they may be discriminatory; (b) organization of information and sensitization campaigns for members of the codification committee; (c) development of capacity at MINASCOM and among youth NGO personnel to advocate for the rights of women and adolescent girls; and (d) publication and dissemination of the revised and new laws.

26. Implementation, coordination, monitoring and evaluation. The overall coordination of the UNFPA programme will be the responsibility of the Ministry of Planning and Economic Development. The Directorate for Statistics will be in charge of organizing, analysing and disseminating the results of various studies. The IEC and advocacy activities will be coordinated by the IEC unit of the Ministry of Information, while the activities in the reproductive health subprogramme will be coordinated by the Ministry of Health and Social Welfare and the activities in the area of women, population and development by MINASCOM.

27. In order to address the problem of poor coordination of the inputs from the various donors, UNFPA will collaborate with UNDP, UNICEF and WHO to help reestablish the coordination committees of the Ministry of Planning and Economic Development and of the Ministry of Health and Social Welfare. UNFPA will also coordinate with other United Nations agencies through meetings organized by the Resident Coordinator and will collaborate closely with WHO in reproductive health staff training, with UNICEF in advocacy for the rights of adolescent girls and in reproductive health data collection and analysis, and with UNDP for population data collection and analysis. The UNFPA country office is headed by the Country Director, resident in Cameroon, and is staffed by one national programme officer.

28. All subprogrammes will be executed by government entities and national NGOs. In order to address the problem of limited national capacity, institutions such as the Institut de formation et de recherches démographiques (IFORD), United Nations Volunteers, the WHO local team and UNFPA's Country Support Team advisers will be utilized to implement and backstop the programme. To ensure effective implementation of the programme, national professional project personnel and, if needed, United Nations Volunteers will be recruited. Training in UNFPA guidelines and procedures for personnel involved in the subprogramme will be organized by the UNFPA field office.

29. The programme will follow standard UNFPA guidelines and procedures for monitoring and evaluation. All activities of the subprogrammes will be subject to annual progress reports and to annual reviews. Monitoring visits in the health sector will be organized with WHO and UNICEF in collaboration with the Directorate of Family Health. A mid-term review will be undertaken in the year 2000 to assess the progress made and to review the relevance of the country programme vis-à-vis the national situation and the status of assistance from other donors. An evaluation of the programme will be held in 2002.

30. Activity reports from health centres, a situation analysis of the reproductive health subprogramme, and KAP surveys at the beginning and end of the programme, training report forms, the revised family laws and the publication of analysed data will be used to monitor and evaluate the performance of the programme. Furthermore, the annual and mid-term review reports will document the status and results of monitoring and internal evaluation.

Recommendation

31. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Equatorial Guinea as outlined above, in the amount of $2.5 million for the period 1998-2002 to be programmed from UNFPA's regular resources to the extent such resources are available.

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